

Listing of Claim Amendments

1. (Currently amended) An ulnar implant for replacing the distal ulna after resection of the distal ulna, wherein the resection exposes soft tissue formerly in contact with the distal ulna, the implant comprising:

an elongated stem having first and second ends, the first end being sized and configured for insertion into the intramedullary canal of the distal ulna, the second end being configured for attachment to a head, wherein suture holes are provided at or near the second end for receiving sutures attaching the implant to the soft tissue;

a head, said head being a separate component from said stem, said head having a triangulated portion when viewed from a distal end to substantially mimic normal anatomy, the head being configured for mating with the sigmoid notch of the distal radius, and the head further being configured for attachment to the second end of the stem.

2. (Previously presented) The implant of claim 1, further including a platform at or near the second end of the stem, the platform being configured to prevent subsidence into the ulnar canal.

3. (Previously presented) The implant of claim 2, wherein the suture holes are provided through the platform.

4. (Currently amended) The implant of claim 1, further including an extension extending from the second end of the stem, the extension having proximal and distal ends, one of the suture holes being provided at a distal end of the extension.

5. (Previously presented) The implant of claim 4, wherein the head includes a bore extending completely therethrough for receiving the extension from the stem, the extension of the stem being configured such that the distal end of the extension extends completely through the bore.

6. (Original) The implant of claim 5, wherein the extension and the bore are Morse tapers.
7. (Previously presented) The implant of claim 4, further including a platform configured to prevent subsidence into the ulnar canal, the platform being positioned at or near the proximal end of the extension.
8. (Original) The implant of claim 7, wherein the suture holes are provided through the platform and through the distal end of the extension.
9. (Original) The implant of claim 1, wherein the head includes a 200 degree arc for mating with the radial sigmoid notch.
10. (Previously presented) The implant of claim 1, wherein at least a portion of the head is covered with an ingrowth coating at least near the triangulated portion to promote ingrowth with the soft tissues.
11. (Original) The implant of claim 1, wherein the stem includes flutes at its first end to prevent rotation of the stem in the intramedullary canal of the distal ulna.
12. (Currently amended) An ulnar implant for replacing the distal ulna after resection of the distal ulna, wherein the resection exposes soft tissue formerly in contact with the distal ulna, the implant comprising:
 - an elongated stem having first and second ends, the first end being sized and configured for insertion into the intramedullary canal of the distal ulna, the second end being configured for attachment to a head;
 - an extension extending from the second end of the stem, the extension having proximal and distal portions and ends, a suture hole being provided in the distal portion of the extension;

a platform configured to prevent subsidence of the stem into the ulnar canal, the platform being positioned at or near the proximal end of the extension, wherein suture holes are provided through the platform; and

a head, said head being a separate component from said stem, the head having a triangulated portion when viewed from a distal end to mimic normal anatomy, the head being configured for mating with the sigmoid notch of the distal radius, and the head including a bore extending completely therethrough for receiving the extension from the stem, the extension of the stem being configured such that the distal end of the extension extends completely through the bore.

13. (Original) The implant of claim 12, wherein the head includes a 200 degree arc for mating with the radial sigmoid notch.

14. (Previously presented) The implant of claim 12, wherein at least a portion of the head is covered with an ingrowth coating at least near the triangulated portion to promote ingrowth with the soft tissues.

15. (Original) The implant of claim 12, wherein the stem includes flutes at its first end to prevent rotation of the stem in the intramedullary canal of the distal ulna.

16. (Previously presented) A method for implanting a modular ulnar implant in a patient, the method comprising the steps of:

exposing and resecting the distal ulna of the patient to expose the intramedullary canal of the ulna and the soft tissue that formerly surrounded the distal ulna;

providing an elongated stem having first and second ends, the first end being sized and configured for insertion into the intramedullary canal of the distal ulna, the second end

being configured for attachment to a head, wherein suture holes are provided at or near the second end for receiving sutures attaching the implant to the soft tissue; providing a head, the head having a triangulated portion when viewed from a distal end, the head configured for mating with the sigmoid notch of the distal radius, and the head further being configured for attachment to the second end of the stem; inserting the stem into the intramedullary canal of the distal ulna; suturing the stem to the soft tissue formerly surrounding the distal ulna; and attaching the head to the stem.

17. (Original) The method of claim 16, wherein non-absorbable sutures are used to suture the stem to the soft tissue formerly surrounding the distal ulna.

18. (Original) The method of claim 16, wherein the stem is sutured to the ulnar collateral capsule.

19. (Original) The method of claim 16, wherein the stem is sutured to the triangular fibrocartilage.

20. (Original) The method of claim 16, wherein the stem is sutured to the extensor carpi ulnaris subsheath.